

Complete and send this form, together with an applicable fee(s), to: **Mail Stop ISSUE FEE**
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
 or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 8 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for submission of fee notifications.

* **URGENT CORRESPONDENCE ADDRESSES:** Use the block 1 for any change of address.

INVENTOR 2500 01/22/2000

DESIGN IP, P.C.
 5100 W. TILGHMAN STREET
 SUITE 205
 ALLENTOWN, PA 18104

Note: A certificate of mailing (not only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmittal.

Certificate of Mailing or Transmittal

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop **ISSUE FEE** address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Depositor's name
Signature
Date

APPLICATION NO.	FILING DATE	FIRST NAME OF INVENTOR	ATTORNEY'S DOCKET NO.	CONFIRMATION NO.
100691200	01/22/2000	Brian D. Honkala	AROT C5226R2RL	0708

TITLE OF INVENTION: REMOVABLE KEYPAD FOR A PORTABLE COMMUNICATION DEVICE AND METHOD

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$500	\$0	\$1900	01/22/2001

EXAMINER	ART UNIT	CLASS-SUBCLASS
SHIRMAN, STEPHEN G	2629	343-169950

1. Change of correspondence address or indication of "FEE Address" (37 CFR 1.561)	2. For printing on the patent front page, list
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO-SF-422) attached. <input checked="" type="checkbox"/> "Fee Address" indication (or "FEE Address" Indication form PTO-SF-427, Rev. 03-90, or more recent) attached. Use of a Customer Number is required.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.
	Design IP 1 2 3

3. ASSIGNED, NAME AND RESIDENCE DATA TO BE PRINTED ON THIS PATENT (print or type)
 PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 1.31. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: **Motorola, Inc.**
 (B) RESIDENCE: (CITY AND STATE OR COUNTRY) **Schaumburg, IL**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted: <input type="checkbox"/> Issue Fee <input type="checkbox"/> Publication Fee (no advance discount permitted) <input type="checkbox"/> Advance Order - All Rights	4b. Payment of Fee(s) (Please first re-pay any previously paid issue fee shown above) <input type="checkbox"/> A check is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an exact a copy of this form).
--	---

5. Change in Entity Status (if any, as indicated above)
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(p)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the record of the United States Patent and Trademark Office.

Authorized Signature: *[Signature]* Date: 1/22/00
 Typed or printed name: Damon A. Neagle Registration No: 44,964

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.34. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND THIS OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to furnish information unless it displays a valid OMB control number.